ION FOR EXTENSION OF TIME UND	ER 37 CFR 1.136	(a) Dock	et Number	
			440075.401USPC	
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)				
Application Number 10/594,259		Filed	Filed July 24, 2007	
OMPOSITIONS AND METHODS FOR INDU	JCING ANTI-TUMO	R IMMUNITY		
ut Unit 643		Exam	niner a M. Harris	
s is a request under the provisions of 37 CF	R 1 136(a) to extend			
y in the above identified application.	1 1 100(a) to o	1 010 porto	Ji filling a	
	s (check time period	desired and	enter the appropriate	
Delow):	Fee	Small Entity	Fee	
One month (37 CFR 1.17(a)(1))	\$130	\$65	\$	
Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$ <u>245</u>	
Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$	
Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$	
Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$	
Applicant claims small entity status. See 37	7 CFR 1.27.			
Payment by credit card.				
	charge fees in this			
application to a Deposit Account.				
	the above fees, or o	credit any ove	erpayment,	
to Deposit Account Number 19-1090.				
VARNING: Information on this form may beconcluded on this form. Provide credit card info	me public. Credit ca	rd information	n should not be 0-2038.	
the 🗌 applicant/inventor.				
_	•	'TO/SB/96).		
=				
Registration number if acting under	37 CFR 1.34			
/Stephen J. Rosenman/		Octo	ober 12, 2010	
Signature		Date		
Stephen J. Rosenman, Ph.D.		206-622-4900		
Typed or printed name		Telephone	Number	
	FY 2009 a pursuant to the Consolidated Appropriation tition Number 10/594,259 DMPOSITIONS AND METHODS FOR INDU t s is a request under the provisions of 37 CF yin the above identified application. requested extension and fee are as follows below): One month (37 CFR 1.17(a)(1)) Two months (37 CFR 1.17(a)(2)) Three months (37 CFR 1.17(a)(3)) Four months (37 CFR 1.17(a)(4)) Five months (37 CFR 1.17(a)(5)) Applicant claims small entity status. See 37 A check in the amount of the fee is enclosed application to a Deposit Account. The Director has already been authorized to application to a Deposit Account. The Director is hereby authorized to charge to Deposit Account Number 19-1090. MARNING: Information on this form may beconcluded on this form. Provide credit card infet the papilicant/inventor.    assignee of record of the entire intensity is a signature of the second of the control	FY 2009 s pursuant to the Consolidated Appropriations Act, 2005 (H.R. 491) tition Number 10/594,259 DMPOSITIONS AND METHODS FOR INDUCING ANTI-TUMO t sits a request under the provisions of 37 CFR 1.136(a) to extend y in the above identified application. requested extension and fee are as follows (check time period below):  Fee One month (37 CFR 1.17(a)(1)) Two months (37 CFR 1.17(a)(2)) Two months (37 CFR 1.17(a)(3)) Flour months (37 CFR 1.17(a)(3)) Five months (37 CFR 1.17(a)(4)) Four months (37 CFR 1.17(a)(5)) S2350 Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. The Director is hereby authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge the above fees, or to Deposit Account Number 19-1090.  NARNING: Information on this form may become public. Credit cancluded on this form. Provide credit card information and authorit the papplicant/inventor.  Asteroment under 37 CFR 3.73(b) is enclosed (Form F Mattorney or agent of record. Registration No. 43,058 Account Number 137 CFR 3.73(b) is enclosed (Form F Mattorney or agent of record. Registration No. 43,058 Account Number of Ferond. Signature Stephen J. Rosenman/ Signature Stephen J. Rosenman/ Signature	Advoices to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  Ition Number 10/594,259 Filed  MPOSITIONS AND METHODS FOR INDUCING ANTI-TUMOR IMMUNITY  It Sa a request under the provisions of 37 CFR 1.136(a) to extend the period fee by in the above identified application.  In requested extension and fee are as follows (check time period desired and below):  Fee Small Entity  One month (37 CFR 1.17(a)(1)) \$130 \$65  Two months (37 CFR 1.17(a)(2)) \$490 \$245  Three months (37 CFR 1.17(a)(3)) \$1110 \$555  Four months (37 CFR 1.17(a)(3)) \$1110 \$555  Four months (37 CFR 1.17(a)(4)) \$1730 \$865  Five months (37 CFR 1.17(a)(5)) \$2350 \$1175  Applicant claims small entity slatus. See 37 CFR 1.27.  A check in the amount of the fee is enclosed.  Payment by credit card.  The Director has already been authorized to charge fees in this application to a Deposit Account.  The Director is hereby authorized to charge the above fees, or credit any over to Deposit Account.  The Director is hereby authorized to charge the above fees, or credit any over to Deposit Account.  MARNING: Information on this form may become public. Credit card information included on this form. Provide credit card information and authorization on PTC at the paper of record of the entire interest. See 37 CFR 3.71  Statement under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34.  Signature  Stephen J. Rosenman/  Octor	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required.
SEND TO: Commissioner for Patients, PO Box 1450, Navandia, VA 22313-1430.

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